

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER Lodi Professional Firefighters PAC		Date of This Filing 10/21/10	Date Stamp OCT 21 AM 8:25	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 209 609-5667	I.D. NUMBER (if applicable) 96-2479	Report No. _____	CITY CLERK CITY OF LODI	
STREET ADDRESS P.O. Box 1841		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Lodi CA	STATE CA	ZIP CODE 95242		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/20/10	Larry Hansen for City Council. 2928 Applewood Dr. Lodi, CA 93242	Candidate for City Council.	\$1000 ⁰⁰	11/2/10.

Reason for Amendment: _____